TAGAPAGREHISTRO NG MGA BOTANTE

PANSAMANTALANG PAGKAKATAON NG PAGTATRABAHO

MGA URI NG TRABAHO

- PANGKALAHATANG KLERIKAL
 (MGA TELEPONO, PAGPAPASOK NG DATOS (IMPORMASYON), PAGTATALA)
- MAGREPASO NG MGA PORMA
- SUMURI AT MAGBUO NG MGA PIRASO NG KOREO (KINAKAILANGAN NG MAKABUHAT NA MASHIGIT SA 15LBS)
- PAGLALAGAY SA KAHON NG MGA GAMIT AT IBA PANG MGA GAWAIN SA BODEGA (KINAKAILANGAN NG ILANG MABIGAT NA PAGBUHAT)
- MAGREKLUT NG MGA TRABAHADOR SA BOTOHAN
- MAGTURO NG MGA TRABAHADOR SA BOTOHAN

BAYAD

ANG MGA ANTAS PANG-ORASAN UMAABOT MULA \$ 8.76-17.61, BATAY SA KINALAMAN AT KAHIRAPAN NG TAKDANG GAWAIN

LOKASYON

ANG OPISINA NG KEARNY MESA AY MATATAGPUAN SA 5201 RUFFIN ROAD, SUITE I (SA KANTONG TIMOG-SILANGAN NG CLAIREMONT MESA BOULEVARD AT RUFFIN ROAD SA PAGITAN NG 163 AT 1-15



Personnel (858) 495-5153 TDD (858) 694-3441

Registrar of Voters
5201 Ruffin Road, Suite I, San Diego, CA 92123-1620
P. O. Box 85656, San Diego, California 92186-5656

Temporary Employment Application

Must be at least 18 years of age

Social Security Card: Must be presented at time of employment.

Mail Stop O34

Name:				Date:		
	(Last)		(MI)			
Address:_	(Number)	(Street)		(City)	(State)	(Zip)
			:1	• •		
Phone:	(Day)	(Evening)	II Address	:		
	☞Political candida	tes or their relatives will no	ot be em	oloyed with the Regis	trar of Voter	°S.₹
• Are you	a political candidate or re	lated to a political candidate?	□no	□yes		
• Are you	currently employed by the	e County of San Diego?	□no	yes; Department:		WDN:
• Are you	currently retired from the	County of San Diego?	□no	yes; Department:		
• Are you a poll worker?				□yes		
Are you	bilingual?		□no	yes; Language:		
• Check w	which shifts you can work:		□days,	☐nights, and/or ☐weeke	nds	
Are you	willing to work overtime	?	daily	weekends		
• What ty	pes of work do your prefer	r?				
• How did	d you learn of this tempora	ry employment opportunity?				
	mplete the reverse side of which you have experienc				he reverse to m	ark the areas
Code(s)		Office Skills Code		ge:		
	Computer Skills:W	ord		Public Contact (Person to	Person)	
	ExcelInternetE			Public Contact (Telephon	e)	
	HardwareSoftw			Accounting or Fiscal		
	Data Entry	_WPM		Training		
	Typing G. f.			Personnel or Payroll		
	Desktop Publishing Soft	ware		Filing and Sorting		
	Word Processing			Proofing		
	Mapping/Drafting/Surve	ying/GIS		Stuffing Envelopes		
7-1-(-)		Warehouse Sk		edge:		
Code(s)	Forklift Driver-Certified	Code	e(s)	Stock Clerk		
	Heavy Lifting (up to 50 l Assemblyline	108.)		Product Inspector Copy Machine Operator		
Tine of \$10 Youth Off Date Court Please att Your em	00. or less; (2) any offense fender law; and (3) misdea Charge tach an additional sheet of aployment is contingen	offense against the law? Ince committed before your 21st birt timeanors over ten years ago. If y City/State Disposition of Case paper to indicate additional offet tupon passing the required esources, we are required to	chday which you answer chse(s) or a Backgrou	n was finally adjudicated i "yes", please indicate the dditional information)	n a juvenile co following:	urt or under a
		a valid California driver's licensertificates that you may have:	se?			

EDUCATION/TRAINING: Include education/traning that demonstrates your qualification for this position. Start with the most recent. Use the

CODE	DATE	NAME AND LOCATION	TYPE OF PROGRAM OR COURSE	DIPLOMA/DEGREE/ CERT/UNIT
1				
2				
3				
EXPER ime or p	IENCE: Include part time. Use the	all employment experience for the experience code letters on the left i	past ten years. Start with most recent ar n completing other parts of the applicat EXPERIENCE	nd work back. Experience may be paid or unpaid, ful ion. Attach additional sheete if more space needed.
A	From:	ZALIZATION CAMPUNESS	Official Title:	The state of the s
	To:		Duties:	
	Total:			
	Yrs. Mos	Verify by Calling:		
	Hrs/week	Name:		
2000	Salary:	Telephone:	Reason for Leaving:	
CODE	DATE From:	EMPLOYER'S NAME & ADDRESS	EXPERIENCE Official Title:	
	To:		Duties :	
В	Total:		- Cuttor	
	Yrs. Mos	Verify by Calling:		
	Hrs/week	Name:		
	Salary:	Telephone:	Reason for Leaving:	
CODE	DATE	EMPLOYER'S NAME & ADDRESS	EXPERIENCE	
	From:		Official Title:	

	То:		Duties :
С	Total:		
	Yrs. Mos	Verify by Calling:	
	Hrs/week	Name:	
	Salary:	Telephone:	Reason for Leaving:
CODE	DATE	EMPLOYER'S NAME & ADDRESS	EXPERIENCE
	From:		Official Title:
	To:		Duties :
D	Total:		
	Yrs. Mos	Verify by Calling:	

| Salary: | Telephone: | Reason for Leaving :

MAY WE CONTACT EMPLOYERS LISTED? □ YES □ NO (IF NO, please indicate code letter (s) Telephone: OTHER NAME UNDER WHICH YOU ARE KNOWN:

CONSENT TO RELEASE OF INFORMATION: I consent to the release of information for use in determining my eligibility, qualifications, and selection consideration about my work record, job performance, character, ability and fitness by employers, school, law enforcement agencies and the other individuals and organizations to authorized employees of the County of San Diego. I hereby release you, your organization, current or previous employers, or other from liability or damage that may result from furnishing the requested information.

CERTIFICATE OF APPLICANT: I certify that all statement and information provided in this application and any attachments are true, and I understand that amy false or misleading statements or omission of material facts may forfeit my right to employment cosiderations by the County of San Diego.

Signature:

To:

Hrs/week

Salary: